

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS	PROVIDER CCN: _____	PERIOD: FROM _____ TO _____	WORKSHEET M-1
Check applicable box: <input type="checkbox"/> Hospital-based RHC <input type="checkbox"/> Hospital-based FQHC		COMPONENT CCN: _____	

	COMPEN- SATION	OTHER COSTS	TOTAL (col. 1 + col. 2)	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE (col. 3 + col. 4)	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION (col. 5 + col. 6)
	1	2	3	4	5	6	7
<b>FACILITY HEALTH CARE STAFF COSTS</b>							
1 Physician							1
2 Physician Assistant							2
3 Nurse Practitioner							3
4 Visiting Nurse							4
5 Other Nurse							5
6 Clinical Psychologist							6
7 Clinical Social Worker							7
8 Laboratory Technician							8
9 Other Facility Health Care Staff Costs							9
10 Subtotal (sum of lines 1-9)							10
<b>COSTS UNDER AGREEMENT</b>							
11 Physician Services Under Agreement							11
12 Physician Supervision Under Agreement							12
13 Other Costs Under Agreement							13
14 Subtotal (sum of lines 11-13)							14
<b>OTHER HEALTH CARE COSTS</b>							
15 Medical Supplies							15
16 Transportation (Health Care Staff)							16
17 Depreciation-Medical Equipment							17
18 Professional Liability Insurance							18
19 Other Health Care Costs							19
20 Allowable GME Costs							20
21 Subtotal (sum of lines 15-20)							21
22 Total Cost of Health Care Services (sum of lines 10, 14, and 21)							22
<b>COSTS OTHER THAN RHC/FQHC SERVICES</b>							
23 Pharmacy							23
24 Dental							24
25 Optometry							25
25.01 Telehealth							25.01
25.02 Chronic Care Management							25.02
26 All other nonreimbursable costs							26
27 Nonallowable GME costs							27
28 Total Nonreimbursable Costs (sum of lines 23-27)							28
<b>FACILITY OVERHEAD</b>							
29 Facility Costs							29
30 Administrative Costs							30
31 Total Facility Overhead (sum of lines 29 and 30)							31
32 Total facility costs (sum of lines 22, 28 and 31)							32

The net expenses for cost allocation on Worksheet A for the hospital-based RHC/FQHC cost center line must equal the total facility costs in column 7, line 32, of this worksheet.